

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8635

63-033547

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED AUG 29 1963

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Ill</i> b. COUNTY <i>Halleau</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. LOUIS, MISSOURI</i>		c. CITY OR TOWN <i>Herrin Ill</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>BARNES HOSPITAL</i>		d. STREET ADDRESS (If outside, give location) <i>1713 Monroe</i>	
3. NAME OF DECEASED (Type or print) First <i>MAUDE</i> Middle Last <i>CRAIN</i>		4. DATE OF DEATH Month <i>August</i> Day <i>22</i> Year <i>1963</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>10-30-1890</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <i>Housewife</i>	
13a. FATHER'S NAME <i>Joseph Reynolds</i>		13b. MOTHER'S MAIDEN NAME <i>Nancy</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>570.5</i>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Myocardial Infarction</i>		INTERVAL BETWEEN ONSET AND DEATH Hrs. <i>6 days.</i>	
DUE TO (b) <i>Small bowel obstruction, etiology unknown</i>		DUE TO (c) <i>570.5</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <i>1:50</i> a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <i>8/21/63</i> to <i>8/23/63</i> and last saw her alive on <i>8/23/63</i> Death occurred at <i>1:50 p.m.</i> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <i>Douglas Kelly</i> (Print or title) M.D.	
22b. ADDRESS <i>BARNES HOSPITAL</i>		22c. DATE SIGNED <i>8/24/63</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>8-26-63</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Herrin City Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>ILL</i>
24. FUNERAL DIRECTOR <i>Georgette P. Home</i> ADDRESS <i>Herrin</i>		25. DATE RECD. BY LOCAL REG. <i>AUG 26 1963</i>	26. REGISTRAR'S SIGNATURE <i>Loard Smith. M.D.</i>

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
4-14	5-23-63 - Leon Crain	8-22-63 - George Crain	10-22-63
15a	Joseph Reynolds - Nancy	Unknown - Unknown	10-22-63
16	339-18-12869	none	10-22-63

BY AFFIDAVIT OF Funeral Director

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*James D. Pearson*

Licensed Embalmer No. 5168

P. O. Address

*Milledale, Ill.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.